63



4d Other program services (Describe on Schedule O.)
(Expenses \$ 17,293,182 including grants of \$ 17,293,182) (Revenue \$)

4e Total program service expenses ▶ 57,305,039

DFIOJR Page 3

Part i	V Checklist of Required Schedules			<u> </u>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		\
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		√
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	√	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓_	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	✓	
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	√	
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	1	✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	√	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	15		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	ļ	<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	

Part I	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		\ \ \
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	√	
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	/	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	/	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	/	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	1	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	· ·		. 🗸
_			Yes	No
þ	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 36 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	المستارات		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	_
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	氮肥	はは	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		PW.	XX.18
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	√	A.S
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	1	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
Tu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	J	
b	If "Yes," enter the name of the foreign country ▶	新洗	* Kein	ut-pt-
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	針性		
E		5	23045	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	松 美	20.5	2.00%
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	Visit 1	XXX.	IV.Z.I
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ST-47 STW	√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Ť
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		ET/A	1800
0	sponsoring organization have excess business holdings at any time during the year?	8	30402532	160000
9	Sponsoring organizations maintaining donor advised funds.		No.	H.V.
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	MATERIAL PROPERTY.	a.a.e.ne
a b		9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	20 ARK	بارد دانسون	Television Li
10	Section 501(c)(7) organizations. Enter:		腔影	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	校報	200	34 (4)
11	Section 501(c)(12) organizations. Enter:	激激		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
4-	against amounts due or received from them.)		经	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	15th of set	1900000 44
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	经	, T	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1, 1, 1,	City	20,33
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	5 32 76 1	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			的計
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	- Contract	√
	If "Yes," complete Form 4720, Schedule O.		STATE OF	433

Part '	Governance, Management, and Disclosure For each "Yes" response to lines 2 response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	through 7b below s on Schedule O	, and See in	for a	"No" tions
					. Ø
Section	on A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a 11	The state of		
	If there are material differences in voting rights among members of the governing body, or	1	北朝		
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.		烈士		
р	Enter the number of voting members included on line 1a, above, who are independent .	1b			浙
2	Did any officer, director, trustee, or key employee have a family relationship or a business any other officer, director, trustee, or key employee?	relationship with	2		₹
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, trustees, or key employees to a management company or o		3		1
4	Did the organization make any significant changes to its governing documents since the prior For		4		/
5	Did the organization become aware during the year of a significant diversion of the organization	on's assets? .	5		✓
6	Did the organization have members or stockholders?		6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?	elect or appoint	7a	√	
b	Are any governance decisions of the organization reserved to (or subject to approve stockholders, or persons other than the governing body?	l by) members,	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions ur the year by the following:	ndertaken during			
а	The governing body?		8a	>	
b	Each committee with authority to act on behalf of the governing body?		8b	V	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cann the organization's mailing address? If "Yes," provide the names and addresses on Schedule		9		1
Section	on B. Policies (This Section B requests information about policies not required by the			ode.)	l,- <u></u> -
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	✓	
þ	If "Yes," did the organization have written policies and procedures governing the activities of affiliates, and branches to ensure their operations are consistent with the organization's exen		10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			SAC N	(3)4
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the describe in Schedule O how this was done.	policy? If "Yes,"	12c	√	
13	Did the organization have a written whistleblower policy?		13	√	
14	Did the organization have a written document retention and destruction policy?		14	1	
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the deliberation				
а	The organization's CEO, Executive Director, or top management official		15a	*** * * * * * * * * *	STATE.
b	Other officers or key employees of the organization		15b	7	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			_	199
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sim with a taxable entity during the year?		16a	经	
b	If "Yes," did the organization follow a written policy or procedure requiring the organizatio	n to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?		161	\$*****	F. LANG
Secti	on C. Disclosure	· · · · ·	16b		L
17	list the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that	-			
40	✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain on S	•	~£= k		
19	Describe on Schedule O whether (and if so, how) the organization made its governing doc and financial statements available to the public during the tax year.			•	olicy
20	State the name, address, and telephone number of the person who possesses the organizati	on's books and re	ecords		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (B) (D) (do not check more than one Name and title Average Reportable Reportable Estimated amount box, unless person is both an of other hours compensation compensation officer and a director/trustee) compensation per week from the from related Former Individual trustee Institutional trustee employee Highest compensated (list any organization organizations from the hours for (W-2/1099-MISC) (W-2/1099-MISC) organization and employee related related organizations rganizations below dotted line) Scott D Hart 40 President/Director 10 0 233,221 32,130 40 Rodney A Hammond Director 2 0 40,887 Bruce J Berger 2 0 Director 0 42,198 Paul W Curtis (4) 2 Director n 22,035 n 0 Mark J Penzkover 2 Director 0 11,291 0 0 2 John R Sipes Director 0 0 11,667 Bruce T Masopust 2 0 Director 0 10,917 John R Reiter 2 0 0 0 10.917 Director 2 Brian J Toseki 0 Director 12,039 2 Harry L Johnston Director n 39,945 0 Robert K Funkey 2 Director 0 4,101 0 Michael A Rios, Jr 50 Vice President n O 128,141 21,337 Joseph R Mech 45 5 Treasurer 0 179,743 16,737 T Michael Leuer 45 √171,902 0 Secretary 5 18.798

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
					C)						
(A)	(B)	(do n			ition	than o	ne	(D)	(E)		(F)
Name and title	Average	box.	unles	s pe	rson	is both	an	Reportable compensation	Reportable		Estimated amount of other
	hours per week				$\overline{}$	or/trust		from the	compensation from related		compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	활호	Former	organization	organization		from the
	hours for related	rect à	l tric	Ğ	릙	loye	ner	(W-2/1099-MISC)	(W-2/1099-MI	SC)	organization and related organizations
	organizations	역할	nal		ğ	[®] 9		ļ			-
	below dotted line)	ste	trus		ď	Pen					
	•	"	èe		ĺ	Highest compensated employee					
(15) Eric Vonhoff	50										
Director of Information Systems	0	İ				1		149,682	i	0	14,505
(16) Kurt T Wiebe	50										
Director of Marketing	0	1				1		142,708		0	14,573
(17) Donald Palochko	50										
Director of Business Operations	0	<u> </u>				✓		123,521		0	13,686
(18) Penny Markowski	40				1	ļ	1				
Manager of Application Development	0					✓		115,059		0	5,744
(19) Patricia McMullen	40									_	
Manager of Network Operations	0					✓	<u> </u>	110,645		0	15,255
(20)	ļ	-									
(04)	1		├	ļ	├		-	<u></u>			
(21)		1		ļ		1					
(00)			-		-	1	-				
(22)		1									
(23)		 			\vdash	1	\vdash		-		
(20)	 			1			1				
(24)			+	╁	\top	<u> </u>	t	 		-	
<u> </u>	-	1		ł							
(25)					T	1					
							ightharpoons	1,560,619		0	
c Total from continuation sheets to Part							▶	0	ļ	0	
d Total (add lines 1b and 1c)							<u> </u>	1,560,619		. 0	
2 Total number of individuals (including but		d to t	hose	e lis	ted	abov	e) v		e than \$100	,000	of
reportable compensation from the organ	ization -							13			TV - N.
											Yes No
3 Did the organization list any former employee on line 1a? If "Yes," complete							emp	oloyee, or highe:	st compens	atec	3
• •							•		naation from	a +b.a	المستور المراسية المراسية
4 For any individual listed on line 1a, is the organization and related organizations											
individual				,00							4 /
5 Did any person listed on line 1a receive	or accrue c	ompe	ensa	tior	n fro	m an	v ur	nrelated organiza	tion or indiv	ıdua	
for services rendered to the organization											5 ✓
Section B. Independent Contractors		•									
1 Complete this table for your five hig	hest comp	ensa	ted	ınd	lepe	endent	t c	ontractors that	received m	ore	than \$100,000 of
compensation from the organization. Rep											
(A) (B) (C)											
Name and business address Description of services Compensation											
Ideal Builders, 1406 Emil Street, Madison, WI 53713 Construction 2,651,950											
Signal csk Brand Partners, 1900 Wazee Street, Denv		2					+	onsulting	- 1		1,792,454
Gilbane Building, 7 Jackson Parkway, Providence, RI							-	onstruction			366,306
Revenue River, 2081 Youngfield Street, Golden, CO								onsulting			215,390
Corgan, 20 East Greenway Plaza, Houston, TX 7704		.na -	+ -	20+	1,	itad t		chitecture	(a) 14/ba	ن ن	212,817
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 9											

Part VIII Statement of Revenue

		Check if Schedule (O COI	ntains a re	spon	se or note to ar	ny line in this Pa	rt VIII		
					<u>- </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaign	s .		1a	0		GH TOTAL	為對於原門	
Contributions, Giffs, Grants and Other Similar Amounts	b	Membership dues			1b	29,683,858				
وَ ق	С	Fundraising events			1c	0				
r A	d	Related organization	s.		1d	0				
호 [е	Government grants (conti	ributions)	1e	0				
Sin	f	All other contributions								
ž ž		and similar amounts no	t inclu	ded above	1f	0				
흔히	g	Noncash contributio	ns in	cluded in						
Contributions, Gifts, and Other Similar Ar					1g	\$0				
S B	<u>h</u>	Total. Add lines 1a-	1f .	<u></u>	<u></u>	<u> </u>	29,683,858			
.	_					Business Code				新性消費及法國金屬
į į	2a	Program Related Fees				611710	5,288,430		0	0
le e	р	Sales of Official Supplie	es 			453000	1,491,326	1,491,326	0	0
n S	C	Other Miscellaneous				· 561499	143,783		0	0
gram Ser Revenue	d	Advertising				511120	375,647	0	375,647	0
Program Service Revenue	е	Defunct Lodge				561499	2,210,616	2,210,616	0	0
٩	1	All other program se				L	2.500.000	elinauran de Ministración Lingua Ligita de casa dispri	Market Commission of the Commi	SATURDAY TAKTOTON'S SATURDAY TAKTOTON'S SATURDAY TAKTOTON'S SATURDAY SATURD
		Total. Add lines 2a-					9,509,802	新华州和州	A PARTY OF THE PAR	
	3	Investment income	•	-		_	3,208,508	,	0	3,208,508
	4	other similar amount lncome from investm	•	· · · ·			3,208,508			3,200,300
	5	D "					646,603		 	646,603
	J	noyames	<u> </u>	(ı) Rea		(II) Personal				
	6a	Gross rents	6a	:	6,237					
	b	Less rental expenses	6b		0	 				
	Ū	Rental income or (loss)		1,82	6,237					
	d	Net rental income or				•	1,826,237	0	0	1,826,237
	7a	Gross amount from	\	(i) Securit	ies	(ii) Other	W. C.	SPARKUTALT		
	10	sales of assets								
		other than inventory	7a	43,70	6,772	9				
یو	ь	Less, cost or other basis								
Revenue		and sales expenses .	7b	33,39	8,128	c				
eve	C	Gain or (loss) .	7c	10,30	8,644	C				
er B	d	Net gain or (loss)				. <u>.</u> . >	10,308,644	0	0	10,308,644
Othe	8a	Gross income from	n fu	ndraising						
Ö		events (not including		0						
		of contributions rep		d on line						
		1c). See Part IV, line			8a					
	b	Less: direct expense			8b		D TATAL METALON			
	С	Net income or (loss)			g eve	ents >	C		0	0
Ì	9a	Gross income f				1				
		activities. See Part I			9a	(一种 医多种 医神经神经			
	b	Less: direct expense			9b	<u> </u>			ACCESSANCE OF	111111111111111111111111111111111111111
	C	Net income or (loss)		•	CUVITE	US •			U A STANDARD AND A STANDARD A STANDARD AND A STANDARD AND A STANDARD A	U TANAN SAN TANA
	10a	Gross sales of in		ory, less	10a					
	b	Less. cost of goods			10a		一, 是我是我们是我们是是"你我们们们			
	C	Net income or (loss)					SETPHONE MANUSTRATIONS	C C	CALLES CONTRACTOR OF THE CONTR	O
				. 50.55 01 11		Business Code				
Miscellaneous Revenue	11a						PARKET CONTROL SPECIAL SECTION	S PERSONELL SCHOOL SECTION	CANCELLA CHICA PHONE CANCELLA CANCELLA	and the supplementation of the supplementatio
scellaneo Revenue	b				•		<u> </u>			
ell:	С				••••		<u> </u>			
isc R	d	All other revenue								
Σ	e	Total. Add lines 11a	a-11c	ı .		•	C	The state of the s	217.M.	
	12	Total revenue, See					55 183 652	9 134 155	375 647	15 989 992

Part IX. Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,393,182					
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0					
4 5	Benefits paid to or for members	1,008,006	,				
6	Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.	0					
7	Other salaries and wages	7,250,915					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	442,131					
9	Other employee benefits	1,068,428					
10	Payroll taxes	597,354					
11	Fees for services (nonemployees):						
а	Management	0	i				
b	Legal	73,697					
c	Accounting	54,500					
ď	Lobbying	0			 		
e	Professional fundraising services. See Part IV, line 17	0					
f	Investment management fees	0	and a second	COMPRESSED SEMINATION PROPERTY.			
-	Other. (If line 11g amount exceeds 10% of line 25, column	····			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
g	(A) amount, list line 11g expenses on Schedule O)	11,607					
40	- · ·						
12	Advertising and promotion	150,235					
13	Office expenses	177,557					
14	Information technology	71,416					
15	Royalties	0					
16	Occupancy	605,220	<u>'</u>				
17	Travel	1,690,890					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0 1 100 500			-		
19	Conferences, conventions, and meetings .	1,488,580					
20	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	1,238,691					
23	Insurance .,	3,753,343	PERSONAL AND THE PROPERTY OF THE PERSONAL PROP	Trical Bulkers Service to take its ice but	a . Helevral barrelson (Alberta Larreson		
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)	PARTITION OF THE PARTY OF THE P			对那个种类型。		
а	Printing and Publication	1,054,609					
b	Postage and Shipping	1,448,697					
C	Centralized Dues Program	2,017,797		<u>-</u>			
d	Lodge Support	3,384,016					
е	All other expenses	2,324,168					
25	Total functional expenses. Add lines 1 through 24e	57,305,039					
26	Joint costs. Complete this line only if the						
	organization reported in column (B) joint costs						
	from a combined educational campaign and]					
	fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)						

Part X	Balance Shee	
	- balance Snee	T .

Pa	art X		·		
		Check if Schedule O contains a response or note to any line in this Pa	rt X		🗸
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,990,185	1	1,965,057
i	2	Savings and temporary cash investments	0	2	0
- (3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	3,090,856	4	2,437,887
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0	6	0
ts	7	Notes and loans receivable, net	7,905,715	7	6,302,886
Assets	8	Inventories for sale or use	788,918	8	665,452
As	9	Prepaid expenses and deferred charges	38,627	9	51,471
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 74,948,841			
	b	Less: accumulated depreciation 10b 39,707,281	36,281,395	10c	35,241,560
	11	Investments—publicly traded securities	119,059,043	11	107,196,544
	12	Investments—other securities. See Part IV, line 11	52,419,086	12	49,445,073
	13	Investments program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	. 0	14	0
	15	Other assets. See Part IV, line 11	1,429,656	15	2,751,781
	16	Total assets. Add lines 1 through 15 (must equal line 33)	224,003,481	16	206,057,711
	17	Accounts payable and accrued expenses	19,478,097		23,329,314
	18	Grants payable			0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	O	21	O
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
Ë	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			-
		of Schedule D	1,540,595		1,374,031
	26	Total liabilities. Add lines 17 through 25	21,018,692	26	24,703,345
ınces		Organizations that follow FASB ASC 958, check here ► ✓ and complete lines 27, 28, 32, and 33.			
aga	27	Net assets without donor restrictions	202,984,789		181,354,366
m	28	Net assets with donor restrictions	0	28	0
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ► ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	0
šet	30	Paid-in or capital surplus, or land, building, or equipment fund	0	+	0
Ass	31	Retained earnings, endowment, accumulated income, or other funds	0	 	0
et	32	Total net assets or fund balances	202,984,789		181,354,366
Z	33_	Total liabilities and net assets/fund balances	224,003,481	33	206,057,711
					Form 990 (2019)

Form **990** (2019)

: 1

rorm 95	0 (2019)			Pa	ge 12
Par	XI Reconciliation of Net Assets		·		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		55,18	3,652
2	Total expenses (must equal Part IX, column (A), line 25)	2		57,30	5,039
3	Revenue less expenses. Subtract line 2 from line 1	3		(2,121	,387)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	202,98	4,789
5	Net unrealized gains (losses) on investments	5	(18,764	1,113)
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain on Schedule O)	9		(744	1,923)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		181,35	4,366
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			Commence of the Commence of th	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other,"	explain	in Maria		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		MARK . 104 TABLE	art trake	√
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	or 💮	S	
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		277.00		
b	Were the organization's financial statements audited by an independent accountant?		2b	√ VI 18 E	127 . 107923
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	lited on	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		Hala		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			,	1
	the audit, review, or compilation of its financial statements and selection of an independent account		V. 1 40.00	J 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1000000
	If the organization changed either its oversight process or selection process during the tax year, explodule O	explain	on		
_	Schedule O.			F-74	10.5
За	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Ast and OMB Circular A 1333	ortn in t	ne 3a		1
L	Single Audit Act and OMB Circular A-133?	 dorac +	<u> </u>	 	├ ~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un required audit or audits, explain why on Schedule O and describe any steps taken to undergo such				
	required addit of addits, explain why on somedule of and describe any steps taken to undergo such	addits .		n 990	1 (0040)
			For	11 フラリ	/ (ZU19)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

2019 Open to Public

Name of the organization Employer identification number Moose International, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X

Part	Organizations Maintaining	Collections of A	Art, Historical T	reasures, or O	ther Similar Ass	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):			•	_	gnificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	ram	
b	Scholarly research		e 🗌 Other			
C	Preservation for future generations	;				
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how th	ney further the or	ganızatıon's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				Yes No
Part	Complete if the organization 990, Part X, line 21.		on Form 990, F	Part IV, line 9, or	reported an am	ount on Form
	included on Form 990, Part X?					t Yes No
b	if "Yes," explain the arrangement in P	art XIII and comple	te the following to	able:	An	nount
C	Beginning balance			<u>[1</u> .	с	
d	Additions during the year				d	
е	Distributions during the year			1	е	
f	Ending balance			1	f	
2a	Did the organization include an amou	nt on Form 990, Pa	art X, line 21, for e	scrow or custodia	al account liability'	? 🗌 Yes 🗌 No
b	If "Yes," explain the arrangement in P	art XIII. Check here	e if the explanation	n has been provid	led on Part XIII .	\square
Par	t V Endowment Funds.	<u> </u>				
	Complete if the organization	answered "Yes"	' on Form 990, F	Part IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	206,864,572	195,942,369	178,213,862	152,276,333	153,274,789
b	Contributions	5,045,375	5,489,845	5,346,123	5,490,302	4,675,722
С	Net investment earnings, gains, and losses	(7,245,550)	9,670,832	18,065,514	20,889,372	(2,567,051)
d	Grants or scholarships	0	(4,226,559)	(5,502,687)	(254,347)	0
е	Other expenditures for facilities and					
	programs	(4,185,224)	(11,915)	(180,443)	(184,798)	(3,027,127)
f	Administrative expenses	(14,800)	0	C	C	0
g	End of year balance	200,464,373	206,864,572	195,942,369	178,213,862	152,276,333
2	Provide the estimated percentage of		d balance (line 10	. column (a)) held	as:	<u></u>
а	Board designated or quasi-endowme		5 %			
b	·	11%				
c	Term endowment ▶ 22 3 %	••••				
•	The percentages on lines 2a, 2b, and		00%.			
3a	Are there endowment funds not in th			at are held and a	dministered for the	a
Ou	organization by:	e possession or an	o organization th	at are rield and a	arriiniisterea for tri	Yes No
	(i) Unrelated organizations					3a(i) ✓
						3a(ii) ✓
b	If "Yes" on line 3a(ii), are the related of					3b ✓
4	Describe in Part XIII the intended use					00 1
Pari			TO CHOOWING IN	undo.		
	Complete if the organization		' on Form 990	Part IV line 11a	See Form 990	Part X line 10
	Description of property	(a) Cost or ot	her basis (b) Cost of	or other basis (c)	Accumulated	(d) Book value
		(investm	(C		depreciation	
1a	Land			1,071,698		1,071,698
b	Buildings			62,370,355	28,647,583	33,722,772
С	Leasehold improvements					
d	Equipment			11,506,788	11,059,698	447,090
<u>e</u>	Other					
Total.	. Add lines 1a through 1e. (Column (d) i	must equal Form 9:	90, Part X, columi	n (B), line 10c.) .	<u>.</u> ▶	35,241,560

Part VII	Investments—Other Securities.	000 D B/ (!	- 441- 0 - 5	000 5 1 1 10
	Complete if the organization answered "Yes" on For	1	T	
	(a) Description of security or category (including name of security)	(b) Book value	• • •	od of valuation: of-year market value
(1) Financial	derivatives			
(2) Closely h	neld equity interests			
(3) Other				
(A) Private	Real Estate Investment Trusts	26,138,047	End of year market v	value
(B) Defens	sive Equity Hedge Fund	16,951,156	End of year market v	value
(C) Separa	ately Managed International Equity Fund	6,355,870	End of year market v	ralue
(D)				
(E)				
(F)	***************************************			
(G)				· · · · · · · · · · · · · · · · · · ·
(H)	***************************************			
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	49,445,073	CAN PERSON	
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on For	rm 990. Part IV. lin	e 11c. See Form	990. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Meth	nod of valuation of-year market value
(1)				· · · · · · · · · · · · · · · · · · ·
(2)		ļ		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	······································			
(9)				
	ımn (b) must equal Form 990, Part X, col (B) line 13.) .	<u> </u>		
Part IX	Other Assets.		THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT NAMED IN COLUMN TRANSPO	
Turtix	Complete if the organization answered "Yes" on For	rm 990 Part IV lin	e 11d See Form	990 Part X line 15
	(a) Description	1111 000, 1 411 14, 111	10 110.00010111	(b) Book value
(1)	(a) becomplies	·	· · · · · · · · · · · · · · · · · · ·	(5) 500% 14.40
(2)				
(3)				
(4)				
		·		
(5)				
(6)				
_(7)				
(8)		····		
(9)	ımn (b) must equal Form 990, Part X, col. (B) line 15.)			
	Other Liabilities.	· · · · · · ·	<u> </u>	
Part X	Complete if the organization answered "Yes" on For	rm 990, Part IV, lir	ne 11e or 11f. See	e Form 990, Part X,
1.	line 25.	· · · · · · · · · · · · · · · · · · ·		(b) Dealerston
	(a) Description of liability			(b) Book value
	ncome taxes			4.000
	Moose Foundation, Inc			4,022
	Moosehaven, Inc			25,750
	etirement Obligation			1,344,259
(5)				
(6)		· · · · · · · · · · · · · · · · · · ·		
_(7)			····	
_(8)	······································			
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<u> ▶</u>	1,374,031
	or uncertain tax positions. In Part XIII, provide the text of the footn			
	's liability for uncertain tax positions under FASB ASC 740. Chec			

Part			Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	L - L	
a	Net unrealized gains (losses) on investments	2a	
þ	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" on Form 990,		
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1
2	Donated services and use of facilities	20	
a		2a 2b	
b	Prior year adjustments		
C	Other losses		-5.7
d e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i	here:
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lir	ne 18)	5
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ant XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part	to provide any additional II	nformation.
Sched	ule D, Part V, Line 4-Intended Use of Endowment Funds		
Thes	e funds are being accumulated to ensure the continued operations of the charitable	endeavors of the Fraternity	

Statement of Activities Outside the United States

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization Moose International, Inc. Employer Identification number 36-1408120

Part	General Information Form 990, Part IV, line 1		ies Outside	the United States. Com	plete if the organization ar	swered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility				✓ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization	's procedures for monitorin	g the use of its grants and	other assistance
3	Activities per Region (The fol	llowing Part I	, line 3 table o	an be duplicated if addition	nal space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) (Canada	0	2	Program services	Oversight of Canadian	161,697
(2)					Moose units	
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Subtotal	0	2		在10年2月12日11日11日11日11日11日11日11日11日11日11日11日11日1	161,697
b	Total from continuation sheets to Part I	0	0			0
c	Totals (add lines 3a and 3b)	0	2	MINISTER STATES OF THE STATES	MANUAL PROPERTY.	161,697

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2019
Part II Grants al

-	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			(1)	Building Improvements	\$7,500	\$7,500 Cash payment			Cash value
(2)			Canada-British Col	Building Improvements	\$3,200	\$3,200 Cash payment			Cash value
<u>(</u>			Canada-Quebec	Building improvements	\$5,000	\$5,000 Cash payment			Cash value
(d)			Canada-Ontano	Building improvements	\$6,500	\$6,500 Cash payment			Cash value
(9)			Canada-Ontario	Building improvements	\$3,500	\$3,500 Cash payment			Cash value
19)			·	·		ï			·
(8)									
(6)									
(0)									
(12)									
(6)	3).								
(19)									
((15)									
(9)) (19)						-			
2	Enter total nun	nber of recipier	Enter total number of recipient organizations listed above by the IBS or for which the grantee or counsel has provid	Enter total number of recipient organizations listed above that are recognized as charities by the forby the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	gnized as charıtıe: 501(c)(3) equivale:	that are recognized as charities by the foreign country, recognized as tax-exempt led a section 501(c)(3) equivalency letter ■	ry, recognized as ta	x-exempt ►	0
e С	Enter total nun	ber of other or	Enter total number of other organizations or entities	ties				A	5
								Sch	Schedule F (Form 990) 2019

Schedule F (Form 990) 2019

(18)

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (e) Manner of cash disbursement (f) Amount of noncash assistance (c) Number of recipients (d) Amount of cash grant (h) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Region (g) Description of noncash assistance (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17)

Schedule F (Form 990) 2019

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	☑ No

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line	2-Monitoring of funds-
We require	e documentation of the expenditure prior to making the grant. The documentation is in the form of paid vendor invoices

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SCHEDIII FI

SCHEDULEI			Grants and	Grants and Other Assistance to Organizations.	ance to Orga	nizations.		OMB No. 1545-0047
(Form 990)		9 8	Governments, and Individuals in the United States	, and Individu	Lals in the U	nited States	Λi.	2019
Department of the Treasury			M of of o	► Attach to Form 990. So to www irs cov/Form990 for the latest information.	Form 990. O for the latest info	rmation.		Open to Public Inspection
Name of the organization							Em	Employer identification number
Moose International, Inc								36-1408120
General Information on Grants and Assistan	nformation	n Grants and	Assistance					
1 Does the organiz	zation maintair	records to subs	stantiate the amour	nt of the grants or	assistance, the gr	antees' eligibility f	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	;
the selection criteria used to award the grants or assistance?	teria used to av	ward the grants o	or assistance?					
2 Describe in Part	IV the organiza	ation's procedure	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ne use of grant fur	ids in the United S	states.		
Part II Grants an	nd Other Ass	istance to Dor	mestic Organiza	itions and Dom	estic Governme	ints. Complete i	f the organization a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,
Part IV, lin	ie 21, for any	Part IV, line 21, for any recipient that received i	eceived more tha	an \$5,000. Part II	can be duplica	ed if additional	more than \$5,000. Part II can be duplicated if additional space is needed.	
1 (a) Name and address of organization	f organization	(b) EIN	(c) IRC section	(d) Amount of cash (e) Amount of non- (f) Method of valuation	(e) Amount of non-	f) Method of valuation book FMV appraisal	(g) Description of	(h) Purpose of grant
or government			(if applicable)	grant	cash assistance	other)	noncash assistance	or assistance

		(compoundate of			Culcil	
(1) Moose Charites, Inc 155 South						
International Drive, Mooseheart, IL	36-3993740	501(C)3	1,274,767			To fund operating expenses
(2) Moosehaven, Inc 155 South International Drive, Mooseheart, IL	59-3268779	501(C)3	8,000,000			To care for elderly in need
(3) Mooseheart Child City & School,	36-3993735	501(C)3	10.100.000			To care for children in need
(4) Lodgic Holdings, Inc. 155 South International Drive. Mooseheart. IL	36-4865810	501(C)3	7,918,142			Provide operating funds
(5) Lodgic Workplace, Inc 155 South International Drive, Mooseheart, IL	32-0530137	501(C)3	1,282			Provide operating funds
(6) Lodgic Kids Camp, Inc 155 South International Drive, Mooseheart, IL	35-2591224	501(C)3	98,991			Provide operating funds
(7) Gloversville Lodge 351, 138 East State St, Gloversville, NY	14-1459186	501(C)8	000'5			Building improvements
(8) Chicopee Falls Lodge 1849, 244 Fuller Road, Chicopee, MA	04-6061358	501(C)8	8,200			Building improvements
(9) East Hartford Lodge 1477, 404 Prospect St, East Hartford, CT	06-6043393	501(C)8	6,200			Building improvements
(10) Churchville Lodge 2244, 5709 Chili Riga Center, Churchville, NY	13-2900106	501(C)8	14,800			Building improvements
(11) Genesee Valley Lodge 2290, 5735 West Hennetta, NY	16-1266324	501(C)8	5,300			Building improvements
(12) Albion Lodge 381, 63 East State, Albion, PA	25-0628310	501(C)8	006,6			Building improvements
2 Enter total number of section 501(c)(3) and government org	501(c)(3) and gov	vernment organizati	anizations listed in the line 1 table	ne 1 table		98
Criter total fibrilities of other of	gallizations notes	- 1				

Schedule I (Form 990) (2019)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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(Forr					Page 2
Farill! Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	omestic Individua Il space is needed	ils. Complete if the	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 College Scholarships	62	87,405			
2					
3					
4		-			
5					
9					
7					
Part IV Supplemental Information. Provide the infor	the information re	equired in Part I, line	: 2; Part III, column	mation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.
Part I, Line 2-Monitoring Use of Grant Funds-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Grants to Chanties under the Moose umbrella are given as needed based on review of their financial records	needed based on revie	ew of their financial recor	sp.		
Grants to Moose Lodges are given based on needs, and are supported by paid vendor invoices	e supported by paid ve	endor invoices			
Grants to scholarship recipients are made directly to their college or university	ollege or university				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	†)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1				
					Schedule I (Form 990) (2019)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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2019

OMB No 1545-0047

Open to Public Inspection

36-1408120

▼ Go to

General Information on Grants and Assistance

Part

Moose International, Inc (Continuation of schedule I-Part II)

Department of the Treasury Internal Revenue Service Name of the organization

-	Does the organization maintain records to substantiate	n records to sub	the amo	unt of the grants c	or assistance, the g	the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	pu	
	the selection criteria used to award the grants or assistance?	ward the grants					. ✓ Yes	° □
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedur	res for monitoring	the use of grant for	unds in the United	States.		
Part	Part II Grants and Other Assistance to Domestic C	sistance to Do	mestic Organiz	ations and Dor	nestic Governm	Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990	d "Yes" on F	orm 990,
	Part IV, line 21, for any	recipient that	received more th	าลก \$5,000. Part	: Il can be duplica	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.		
;						ff Mathod of valuation		

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Gowanda Lodge 1382, 201 Aldnch Street Gowanda, NY	16-0531530	501(C)8	10.000				Building improvements
(2) New Castle Lodge 51, 29 South							
Mercer Street, New Castle, PA	25-0628890	501(C)8	10,000				Building improvements
(3) Lewiston Lodge 143, 80 Brady							
Lane, Lewiston, PA	23-0823120	501(C)8	11,000				Building improvements
(4) Williamsport Lodge 145, 1219 W							
Southern Ave, South Williamsport, PA	24-0647855	501(C)8	008'9				Building improvements
(5) Gallıtzın Lodge 185, 625 Maın							
Street, Gallıtzın, PA	25-0628650	501(C)8	8,100				Building improvements
(6) St Marys Lodge 146, 30 Ene Ave.							
St Marys, PA	25-0629050	501(C)8	009'9				Building improvements
(7) Millerstown Lodge 925, 109 W							
Juniata Pkwy, Millerstown, PA	23-0823170	501(C)8	5,400				Building improvements
(8) Hanover Lodge 227, 19							
Barnhart Drive, Hanover, PA	23-0823060	501(C)8	000'9				Building improvements
(9) Middletown Lodge 410, 100 Mill							
Street, Middletown, PA	23-1730858	501(C)8	6'300				Building improvements
(10) Gettysburg Lodge 1526, 414							
York Street, Gettysburg, PA	23-0823047	501(C)8	10,000				Building improvements
(11) Shamokin Lodge 1149, 509 North							
Rock Street, Shamokin, PA	24-0771317	501(C)8	6,200				Building improvements
(12) North Hudson Lodge 848, 6118							
Newkirk Ave, North Bergen NJ	23-7138648	501(C)8	7,000				Building improvements
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	tions listed in the lir	ne 1 table			A .
3 Enter total number of other organizations listed in the line 1	ganizations listed	in the line 1 table					A

Schedule I (Form 990) (2019)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. nm 990.

OMB No. 1545-0047

or the latest information.

Employer identification number 36-1408120 **%** □

Department of the Treasury Internal Revenue Service	► Attach to Fo Go to www.irs.gov/Form990 f
Name of the organization	
Moose International, Inc	Moose International, Inc. (Continuation of schedule I-Part II)
Part I General	Part I General Information on Grants and Assistance

□ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

N

Part II. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ssistance to Do	mestic Organiz	ations and Dom	estic Governm Il can be duplica	ents. Complete if ated if additional s	the organization answipace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Huntington Lodge 318, 631 Pulaski Road, Greenlawn, NJ	11-6015864	501(C)8	12,500				Building improvements
(2) Claymont Lodge 847, 5101 Gov Printz Blvd, Wilmington, DE	51-0268885	501(C)8	10,000				Building improvements
(3) Milford Lodge 2316, 20142 Beaver Dam Road, Milford, DE	51-0303521	501(C)8	8,000				Building improvements
(4) Warrenton Lodge 1695, 6415 Colonial Road, Warrenton, VA	54-0793733	501(C)8	9,200				Building improvements
(5) Berryville Lodge 2139, 1239 Moose Road, Berryville, VA	54-0891025	501(C)8	7,200				Building improvements
(6) Leesburg Lodge 1041, 43 Catoctin Circle SE, Leesburg, VA	54-0883706	501(C)8	008'6				Building improvements
(7) Rainelle Lodge 1647, 528 Main Street, Rainelle, WV	23-7520190	501(C)8	009'9				Building improvements
(8) Berkeley Springs Lodge 1483, 593 N Washington, Berkeley Springs, W	55-0368008	501(C)8	12,000				Building improvements
(9) St Albans Lodge 868, 107 West Main Street, St Albans, WV	55-0270184	501(C)8	000'9				Building improvements
(10) Marretta Lodge 1823, 169 Front Street, Marretta, OH	31-446886	501(C)8	10,000				Building improvements
(11) Cuyahoga Falls Lodge 918, 4444 State Street, Peninsula, OH	34-0411150	501(C)8	8,000				Building improvements
(12) Rittman Lodge 860, 12527 Sheets Road, Rittman, OH	34-0645138	501(C)8	11,800				Building improvements
2 Enter total number of section 501(c)(3) and government or a Enter total number of other organizations listed in the line	1 501(c)(3) and gov	vernment organizat	ganizations listed in the line 1 table 1 table	ine 1 table			A . A .
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Schedule I (Form 990) (2019)

Cat. No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

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OMB No 1545-0047

Employer identification number

36-1408120

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Moose International, Inc (Continuation of Schedule I-Part II) Department of the Treasury Internal Revenue Service Name of the organization

✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated II additional space is needed.	y recipient that i	received more in	ian \$5,000. Part I	can be oublica	ited II additional St	Jace is lieeueu.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Shelby Lodge 422, 102 North Gamble Street, Shelby, OH	34-1048865	501(C)8	2,000				Building improvements
(2) Sabına Lodge 1244, 246 North Howard Street, Sabına, OH	31-0515749	501(C)8	12,000				Building improvements
(3) Trenton Lodge 330, 707 West State Street, Trenton, OH	23-7424208	501(C)8	8,500				Building improvements
(4) Bellefontaine Lodge 2563, 912 South Detroit St, Bellefontaine, OH	91-2033175	501(C)8	20,000				Building improvements
(5) Indian Lake Lodge 1533, 11044 Lake Street, Lakeview, OH	34-1337838	501(C)8	20,000				Building improvements
(6) Urbana Lodge 1215, 632 Mosgrove, Street, Urbana, OH	34-4378683	501(C)8	000'2				Building improvements
(7) Lexington Lodge 2091, 100 Blankenship Road, Lexington, TN	62-0727222	501(C)8	008'9				Building improvements
(8) Brandenburg Lodge 1177, 245 Main Street, Brandenburg, KY	23-7139125	501(C)8	006'9				Building improvements
(9) Bowling Green Lodge 356, 736 Lain Avenue, Bowling Green KY	61-0400431	501(C)8	2,000				Building improvements
(10) Luray Lodge 1413, 257 Dry Run Road, Luray, VA	54-0719576	501(C)8	15,000				Building improvements
(11) Richmond Lodge 1714, 1207 Hilliard Road, Richmond, VA	54-0853227	501(C)8	8,500				Building improvements
(12) South Greenville Lodge 749, 114 Harris Road, Predmont, SC	57-0569004	501(C)8	7,000				Building improvements
	501(c)(3) and gov	vernment organiza	ganizations listed in the line 1 table	ne 1 table			A .
3 Enter total number of other organizations listed in the line	rganizations listed	in the line 1 table					

Schedule I (Form 990) (2019)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection 2019

OMB No. 1545-0047

Department Internal Rev	Department of the Treasury ► Go to www.irs.gov/Form990 for the latest information.	Inspection
Name of the	Name of the organization	Employer identification number
Moose Int	Moose International, Inc. (Continuation of Schedule I-Part II)	36-1408120
Part	Part I General Information on Grants and Assistance	
<u> </u>	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
₽	the selection criteria used to award the grants or assistance?	Ves No
۵ ۷	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,	answered "Yes" on Form 990,
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Oak Island Lodge 2059, 4239 Long Beach Road, Southport, NC	56-0863399	501(C)8	000'6				Building improvements
(2) Lenoir Lodge 385, 1100 Moose Lodge Road, Lenoir, NC	56-0522144	501(C)8	7,500				Building improvements
(3) Mooresville Lodge 2012, 2126 Charlotte Highway, Mooresville, NC	23-7138568	501(C)8	5,000				Building improvements
(4) Brooksville Lodge 1676, 17129 Wiscon Road, Brooksville, FL	59-1817931	501(C)8	9,700				Building improvements
(5) Inverness Lodge 2112, 221 South Hard, Lecanto, FL	59-1934090	501(C)8	8,000				Building improvements
(6) Haines City Lodge 2083, 1104 Highway 17, FL	59-2532297	501(C)8	15,000				Building improvements
(7) Dade City Lodge 397, 17107 US Highway 301, Dade City, FL	59-2267964	501(C)8	10,000				Building improvements
(8) Winter Haven Lodge 1023, 2305 Havendale Blvd, Winter Haven, FL	59-0591962	501(C)8	13,500				Building improvements
(9) Palm Bay Lodge 2311, 1436 Malabar Road SE, Palm Bay, FL	59-2818737	501(C)8	15,300				Building improvements
(10) North Port Lodge 764, 14156 Tamiami Trail, North Port, FL	59-2363059	501(C)8	000'6				Building improvements
(11) Tice and the Shores Lodge 1297, 11161 Palm Beach Blvd, Ft Myers, FL	59-2493062	501(C)8	000'6				Building improvements
(12) Pompano Beach Lodge 2157. 3321 NE 6th Terr, Pompano Beach, FL	59-1230475	501(C)8	006,7				Building improvements

Schedule I (Form 990) (2019)

Cat. No 50055P

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Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

0

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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OMB No. 1545-0047

InSpecio 36-1408120

Moose International Inc (Continuation of Schedule I-Part II)

Department of the Treasury Internal Revenue Service Name of the organization

מפוופס	Part General Information on Grants and Assistance	
Joes th	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
he select	the selection criteria used to award the grants or assistance?	å
Jescupe	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

	- Second and the organization of proceeding the ask of glank failed filled oraces.	ייים או המיים	Supplied to S	30000		ica otatos.		
Part II	Grants and Other As	sistance to Dor	mestic Organiza	ations and D	omestic Gover	nments. Complete	Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	ed "Yes" on Form 990.
	Dart IV line 21 for any recipient that received more than \$5 000. Dart II can be dunivated if additional space is product	v regineent that r	oceaned more th	20 CE 000 D	ort II can be dun	licated if additional	popod is pooded	
	ו מוני, ווויכ ביי, יטו מון	y icolpiciit tilat i	ברבוגבת וווחוב ווו	lati 45,000. 1 c	arr II cari ne dup	איכמנכט זו מטטינוטוימו	space is liceded.	
						colonia of Mother		

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Lake Worth Lodge 994, 4844 Bowman Street, Lake Worth, FL	59-1010552	501(C)8	19,000				Building improvements
(2) Canton Lodge 2129, 278 Moose Loop Road, Canton, GA	58-0957348	501(C)8	12,100				Building improvements
(3) Beech Grove Lodge 1883, 3320 S Emerson Avenue, Beech Grove, IN	23-7118675	501(C)8	5,100				Building improvements
(4) North Vernon Lodge 576, 2765 North State Hwy 3, North Vernon, IN	35-0312169	501(C)8	7,500				Building improvements
(5) Crown Point Lodge 260, 1200 N Indiana Avenue, Crown Point, IN	23-7149151	501(C)8	7,500				Building improvements
(6) Anderson Lodge 150, 225 East Pine, Anderson, IN	35-0560991	501(C)8	7,800				Building improvements
(7) Dunkirk Lodge 1352, 609 West Center Street, Dunkirk, IN	36-6234547	501(C)8	11,000				Building improvements
(8) Albion Lodge 406, 13387 29 Mile Road, Albion, MI	38-0287945	501(C)8	005'2				Building Improvements
(9) Brooklyn Lodge 2651, 6807 West US 12, Onsted, MI	20-4600963	501(C)8	11,000				Building improvements
(10) Delton Lodge 1649, 5420 Moose Lodge Drive, Delton, MI	38-2206224	501(C)8	006'6				Building improvements
(11) Charlotte Lodge 2565, 1809 Lansing Road, Charlotte, MI	91-2038810	501(C)8	9,200				Building improvements
(12) Fremont Lodge 1555, 15 West Main Street, Fremont, MI	38-0538285	501(C)8	19,000				Building improvements
2 Enter total number of section 501(c)(3) and government org3 Enter total number of other organizations listed in the line	501(c)(3) and gov rganizations listec	rernment organizat I in the line 1 table	ganizations listed in the line 1 table 1 table	ne 1 table			A A

Schedule I (Form 990) (2019)

Cat. No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Form 990.	O for the 1
Attach to I	/Form00
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OMB No. 1545-0047

Open to Public

Employer Identification number

36-1408120

■ Go to www.irs.gov/F Moose International Inc (Continuation of Schedule I-Part II)

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	ınts an	
	on Gra	
	ormation	
	General Information on Grants and Assistance	
	9	
	Par	

- °N □ ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
 - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated it additional space is needed.	y recipient that i	received more tr	ian \$5,000. Part I	ı can pe duplica	ited if additional sp	oace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Saukville Lodge 1043, 193 East	23_7143467	501/018	7 500				Building improvements
Olcol Day Avellac, Gadaville, VVI	104011707	0(0)100	200'-				
(2) Eau Claire Lodge 1408, 3606	0071	0,000	1				
Curvue Road, Eau Claire, Wi	23-7139170	9(J)L0c	008'/				Building Improvements
(3) Woodstock Lodge 1329, 406	36 1003808	601/038	11 800		-		aladamayorami antiting
כומא סווככו, איטטעפוטכה, זו.	0000001-00	ofolion	200,				
(4) Chicago Heights Lodge 828, 2911 East Sauk Trail, Chicago Heights, IL	23-7627668	501(C)8	20,000				Building improvements
(5) Bloomington Lodge 745, 614							
IAA Drive, Bloomington, IL	37-0392335	501(C)8	17,000				Building improvements
(6) Granite City Lodge 272, 2521							
Maryville Road, Granite City, IL	37-0557794	501(C)8	10,000				Building improvements
(7) Edwardsville Lodge 1561, 7371							
Marine Road, Edwardsville, IL	37-0392430	501(C)8	2,000				Building improvements
(8) Capital City Lodge 2589, 2515		2					
Wedgewood Dnve, Des Moines, IA	91-2111903	501(C)8	5,400				Building improvements
(9) Kirksville Lodge 1751, 2405							
East Illinois Street, Kirksville, MO	43-0695767	501(C)8	10,000				Building improvements
(10) Two Harbors Lodge 1463, 709							
First Avenue, Two Harbors, MN	41-0383694	501(C)8	11,000				Building improvements
(11) Mandan Lodge 425, 111 11th							Ì
Avenue, Mandan, ND	45-0233616	501(C)8	9.800		-		Building improvements
(12) Avondale Lodge 2078, 1572 South							
Cotton Lane, Goodyear, AZ	86-0260329	501(C)8	11,400				Building improvements

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Cat No. 50055P

Schedule I (Form 990) (2019)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 2019

► Attach to Form 990. ► Go to www.irs.cov/Form990 for the latest information.

Employer identification number 36-1408120 **%** □

✓ Yes

Department of the Treasury Internal Revenue Service Name of the organization

internal Revenue Service	inue service	
Name of the or	lame of the organization	Employer identifi
Moose Interr	Moose International Inc. (Continuation of Schedule I-Part II)	36
Part	Part I General Information on Grants and Assistance	
1 Doe	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	issistance, and

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Partill Grants and Other Assistance to Domesti	ssistance to Do	mestic Organiza	ations and Dom	estic Governm	ents. Complete if	the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990.
_	y recipient that r	eceived more th	ian \$5,000. Part I	I can be duplica	ited if additional s	pace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Thunder Mountain Lodge 2475, 2422 S Harrison Road, Tucson, AZ	86-0855926	501(C)8	10,000				Building improvements
(2) Montesano Lodge 1210, 3 Monte Elma Road, Montesano, WA	91-1052367	501(C)8	7,500				Building improvements
(3) Napa Lodge 516, 3275 Browns Valley Road, Napa, CA	94-6256657	501(C)8	9,400				Building improvements
(4) South Lake Tahoe Lodge 1632 961 Eloise Ave, South Lake Tahoe, CA	51-0226643	501(C)8	002'2				Building improvements
(5) Sonora Lodge 2183, 20921 Longeway Road, Sonora, CA	94-2390880	501(C)8	12,000				Building improvements
(6) Taft Lodge 1431, 205 1/2 South 10th Street, Taft, CA	95-2586154	501(C)8	10,000				Building improvements
(7) Sitka Lodge 1350, 337 Lincoln Street, Sitka, AK	92-0008010	501(C)8	2,000				Building improvements
(8) Craig Lodge 1206, 601 Water Street, Craig AK	92-6006599	501(C)8	5,000				Building improvements
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov	ernment organizat	tions listed in the lir	ne 1 table			A . A .

Schedule I (Form 990) (2019)

Cat No 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Moose International, Inc.

Department of the Treasury Internal Revenue Service

Employer identification number 36-1408120

Part	Questions Regarding Compensation			
4		reservation	Yes	No
та	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	✓ Travel for companions □ Payments for business use of personal residence			
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	FARMAN	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee ✓ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		✓
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a	Mesenner.	1 there-
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		<u> </u>
b	Any related organization?	6b		<u> </u>
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	1946	25000000
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Regulations section 53.4958-4(a)(3)?			
	ın Part III	8	1.000 at 50	HINESTER BASE
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
J	Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(B) Breakdown of W-2 and/or 1099-MISC compensation

(C) Belling at the column (D) and (E) amounts for that individual. (F) Compensation in column (B) reported as deferred on prior Form 990 (C) Retirement and other deferred (D) Nontaxable (E) Total of columns (i) Base compensation (ii) Bonus & incentive compensation (III) Other (A) Name and Title reportable compensation compensation Scott D Hart, President/Director (i) 233,221 32,130 265,351 Joseph R Mech, Treasurer (i) 179,743 16,737 (ii) T Michael Leuer, Secretary (i) 171,902 (ii) 18,798 190,700 Eric Von Hoff, IS Director (i) 149 682 14,505 ö (ii) 164,187 Kurt T Wiebe-Director of (1) 142,708 5 Marketing (ii) (ı) (ii) (i) (11) (1) (11) (ı) (ii) (i) (ii) 10 (1) (ii) 11 (i) (ii) (i) (ii) 13 (i) (ii) 14 (i) (ii) 15 16

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019	Page 3
Part III Supplemental Information	
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also of for any additional information	complete this part
The cost of travel expenses for the spouses of Moose International Directors is included on the individual's W-2 or Form 1099	
	,
Sch	hedule J (Form 990) 2019

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name o	f the organization								Employ	yer ider	ntificati	lon nui	nber		
Moose	International, Inc							<u> </u>			36-1	14081	20		
Part		fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s" on	section ! Form 990	501(c)(4), a 0, Part IV, I	nd se ine 25	ction 501 a or 25b,	(c)(29) or Fo	orgar rm 99	nizatıo 0-EZ,	ns or Part	ıly). V, line	40b.	
1	(a) Name of disqualified	person	(b) Relationship be	tween o	disqualified	person and		(c) De	scription	n of trac	neaction			(d) Cori	rected?
	(a) Namo or disqualitio	porson		organiza	ation			(0) 00	sacription		-			Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)						_									
2	Enter the amount		by the organ	nizatio	n manag	gers or dis	qualif	ed perso	ns du	rıng t	he ye	ar			_
	under section 4958										!	▶ \$	·		
3	Enter the amount o	f tax, if any, on	line 2, above,	reımb	ursed by	the organ	izatio	n			!	▶ \$	<u> </u>		
Part	Loans to and	or From Inter										-			
	Complete if th	ie organization	answered "Ye	s" on	Form 99	0-EZ, Part	V, line	38a or F	orm 99	90, Pa	art IV,	line 2	6; or i	f the	
	organization r	eported an am	ount on Form !	990, P	art X, line	e 5, 6, or 2:	2	_							
(a) Na	ame of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to or	(e) Origin	nal	(f) Baland	e due	(a) In (default?	(h) An	nroved	ωw	ritten
(=)	and or antorostop porcon	with organization		fro	om the	principal an		(1) Dalain		(8) ""		by bo	ard or		ment?
				orga	nızation?							comn	nittee?		
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)											L			L	
(3)															
(4)															
(5)															
(6)															
(7)															
(8)										1					
(9)				<u> </u>											
(10)				<u> </u>				L			<u> </u>		<u></u>		
Total			<u> </u>				.▶	\$		影響	CONT	N.W.			開始
Part		sistance Bene	fiting Interest	ed Pe	rsons.										
	Complete if the	ne organization	answered "Ye	s" on	Form 99	0, Part IV, I	line 2	7		_					
(a)	Name of Interested person		ship between inter and the organization		(c) Amount	t of assistance	,	(d) Type of a	assistano	ce	(е) Purpo	se of a	ssistan	ice
(1)											1				
(2)						- · · · ·									-
(3)									-	_					
(4)							T -				T				
(5)										_					
(5) (6) (7)						 									
(7)					,										
(8)							T								
(9)											T				
(10)		<u> </u>					T				1				

Pari	Business Transactions Involving Complete if the organization and	ng Interested Persons. swered "Yes" on Form 990	0, Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
					Yes	No
	Mark J K Penzkover, Owner of Endpoint	Director of Moose	132,913	Rehabilitation and assessment	l	<u> </u>
		International, Former		services for sanitary and storm	ļ	ļ
	Franklin, Wisconsin 53132	Director of Mooseheart		sewer systems-Service was provided		
(4)		Child City and School, Inc		to Mooseheart Child City and		
(5)				School, which Moose International		
(6)				is the sole member		
(7)						
(8) (9)		·	<u> </u>			
(10)						
Par	Supplemental Information. Provide additional information for	or responses to questions	on Schedule L (see	instructions).		
•••••						
•••••						
						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

Moose International, Inc. 36-1408120 Form 990, Part III, Line 4d-Other Program Service Description Moose International provided funding for Moosehaven, Inc. of \$8,000,000. Moosehaven is a retirement community that is available to qualified Moose members and their spouses who have a need to go there for their retirement years. Moosehaven assumes full responsibility for total care of residents, including providing food, clothing, housing, medical care and dental care. Moosehaven also benefits the local community by aiding in extending lives of residents and enabling them to live safe, useful, and independent lives and to relieve distress Moose International provided funding for Moose Charities, Inc. of \$1,274,767 This grant allows for 100% of all charitable gifts being available for distribution to the recipient charities Moose International provided funding for Lodgic Holdings Inc of \$7,918,142 Lodgic Holdings is a 509(a)(3) Type I supporting organization and is operated and controlled by Lodgic Kids Camp, Inc. and Lodgic Workplace, Inc. Moose International provided funding for Lodgic Workplace, Inc. of \$1,282 Lodgic Workplace is a 501(C)3 charity which provides open and flexible workspace for its members Moose International provided funding for Lodgic Kids Camp, Inc. of \$98,991 Lodgic Kids Camp is a 501(C)3 charity which provides child care and education Form 990, Part VI, Line 11b-Form 990 Review Process The draft Form 990 is sent to all Directors before filing. Any comments or questions are addressed prior to the form being filed Form 990, Part VI, Line 19-Other Organizational Documents Publicly Available The Form 990 is available on the Moose International website. All other documents are available upon request Form 990, Part VI, Line 12c-Conflict of Interest Monitoring Annually, Directors and Officers confirm in writing that they have not participated in any transactions which might represent a conflict of interest Form 990, Part VII, Section B-Independent Contractors Consultants used in developing the Lodgic concept were paid by Moose International. The payments were reported here, but the costs were "pushed down" to Lodgic Holdings Form 990, Part XI, Reconciliation of Net Assets An adjustment was needed to properly reflect the net assets of a consolidated subsidiary, Moose Title Holding Company

Moose International, Inc

Partl

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

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OMB No. 1545-0047

Employer identification number

36-1408120

(f)
Direct controlling entity (e) End-of-year assets (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c)
Legal domicile (state
or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (2)

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Part II	Identification of Related Tax-Exempt Organize one or more related tax-exempt organizations d	cations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had uring the tax year.	he organization an	swered "Yes" or	Form 990, Part IV	V, line 34, becau	ise it ha	٦
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entry?	2(b)(13) iled /7
							Yes	8 N
(1) Moose Ci	(1) Moose Charities, Inc 155 South International Drive, Mooseheart,							1
Illinois 60.	Illinois 60539 EIN 36-3993740	Fundraising charity	Illinois	501(C)3	509(a)1	N/A		>
(2) Moosehe	(2) Mooseheart Child City & School, Inc 155 South International Drive,							
Moosehe	Mooseheart, Illinois 60539 EIN 36-3993735	Residential school	Illinois	501(C)3	509(a)1	N/A		>
(3) Mooseha	(3) Moosehaven, Inc 155 South International Drive, Mooseheart,							
Illinois 60	Illinois 60539 EIN 59-3268779	Retirement facility	Florida	501(C)3	509(a)2 N/A	N/A		>
(4) Moose Fo	(4) Moose Foundation, Inc 155 South International Drive, Mooseheart,							
Illinois 60	Illinois 60539 EIN 36-3993733	Supporting chanty	Illinois	501(C)3	509(a)3 N/A	N/A		>
(5) Moose Ti	(5) Moose Title Holding Company, 155 South International Drive,							
Moosehe	Mooseheart, Illinois 60539 EIN 36-3993732	Title holding	Illinois	501(C)2	N/A N/A	N/A		>
(e) Lodgic Hc	(6) Lodgic Holdings, Inc 155 South International Drive, Mooseheart,							1
Illinois 60t	Illinois 60539 EIN 36-4865810	Supporting charity	Illinois	501(C)3	509(a)3 N/A	N/A		>
(7) Lodgic W.	(7) Lodgic Workplace, Inc 155 South International Drive, Mooseheart,							
Illinois 60	Illinois 60539 EIN 32-0530137	Co-working charity	Illinois	501(C)3	509(a)2 N/A	N/A		>

Schedule R (Form 990) 2019

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50135Y

Part III because it had one or more related organizations treated as a partnership during the tax year.	ted Organiz more related	ations Taxable	e as a Partnership. Complete if the organization answered "Yes" streated as a partnership during the tax year.	p. Complete Jership during	if the organize the tax year	zation answer.	ered "Yes"	on Form 990, Part IV, line 34	, Part IV, I	ine 34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomnant Income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(0) 20 managing -1 partner?		(k) Percentage ownership
							Yes No	0	Yes	No No	
(1)											
(2)								_			
(6)											
(4)											
(5)							-				
(9)											
ω											
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ted Organizations	ations Taxable	as a Corporation ations treated a	on or Trust. (s a corporation	complete if the contract of th	ne organizat iring the tax	ion answe year.	red "Yes" on	Form 990	, Part IN	, ,
(a) Name, address, and ElN of related organization	anization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	e Direct controlling entity	rolling Type	(e) Type of entity (C corp. S corp. or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	12(b)(13) olled ty?
										Yes	ž
(1) Fraternal Insurance Company, 155 South Int'l Drive Mooseheart, Illinois 60539 EIN 36-3435083	outh Int'l Drive	Captive Insurance	Hawaii	N/A	C Corp		100%	100%	100%	>	
(2) NA Lodging 1, LLC, 123 West Washington Street Oswego, Illinois 60543 ElN 81-4420618	ngton Street	Hotel Owner/Operator	or Illinois	N/A	C Corp		44%	44%	44%		>
(3) Clever Moose at Lodgic, Inc 155 South Int'l Drive Mooseheart, Illinois 60539 EIN 30-0986646	Ith Int'l Drive	Restaurant	Illinois	N/A	C Corp		100%	100%	100%	_	>
(4)											
(5)											
(9)											
(2)											

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2019

Part V Transactio

				L	
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	e R
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	or more related orgar	iizations listed in Part	s II-IV?	HAP FIRE	
a Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity				1a <	
b Gift grant or canital contribution to related organization(s)	•		•	1b <	
grant, or opposed to the control of	•			۲	,
c Giff, grant, or capital contribution from related organization(s)				2 :	. .
d Loans or loan guarantees to or for related organization(s)				P	>
e I nans or loan quarantees by related organization(s)				1e	>
f Dividends from related organization(s)				16	>
				7	>
					. .
h Purchase of assets from related organization(s)					> .
i Exchange of assets with related organization(s)				; <u>-</u>	>
i lease of facilities equipment or other assets to related organization(s)					
k i ease of facilities equipment or other assets from related organization(s)	•			¥	>
Deformance of services or membership or fundraising soli		•		7	>
Deformance of convices of inclinations of fundamental col				1m	>
Periorinarice of services of interiorers in political services of the services				-	>
					. .
o Sharing of paid employees with related organization(s)				10	> [[]
				THE PERSON NAMED IN	3
p Reimbursement paid to related organization(s) for expenses				1p	>
a Reimbursement paid by related organization(s) for expenses				19	<u> </u>
r Other transfer of cash or property to related organization(s)					>
		:		1s	>
If the answer to any of the above is "Yes," see the instructions for information on who must	complete this line, including covered relationships and transaction thresholds	uding covered relation	ships and transaction	on thresholds	ر س
	-	3	1		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	g amount involve	D.
Moose Title Holding Company	æ	77,291	77,291 Cash receipt		
Mooseheart Child City and School, Inc		10 100 000	10 100 000 Cash grant		
(2)		000,001,01	oden grant		1
Moosehaven, Inc.	Q	8,000,000	8,000,000 Cash grant		
Moose Charities, Inc.	q	1,274,767	1,274,767 Cash grant		1
Lodgic Workplace, Inc (5)	۵	1,282	1,282 Cash grant		
Lodgic Kids Camp, Inc	۵	98,991	98,991 Cash grant		
(0)			Schedule R	Schedule R (Form 990) 2019	019
				- (acc = 10 a) L	2

Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. Part VI

(a) (b) (c) (d) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	Predominant A income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)	(f) Share of total income	₩ ₩	(h) Disproportionate allocations?	Code V—UBI amount in box 20 of Schedule K-1	General or managing partner?	(k) Percentage ownership
			from tax under sections 512—514)	organizations?			Yes No		Yes No	
(1)										
(2)										
(0)										
(4)	 									
(5)										
(9)										
(2)										
(8)										
(6)							,	-	-	
(10)	,									
(11)										
(12)										
(13)										
(14)										
(15)										
(16)	ļ									
								Sche	Schedule R (Form 990) 2019	n 990) 2019

Page 5